ALASKA STATE LEGISLATURE
HOUSE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE
Anchorage, Alaska
September 2, 2021
3:05 p.m.

DRAFT

MEMBERS PRESENT

Representative Liz Snyder, Co-Chair
Representative Tiffany Zulkosky, Co-Chair
Representative Ivy Spohnholz
Representative Ken McCarty
Representative Mike Prax (via teleconference)
Representative Christopher Kurka (via teleconference)

MEMBERS ABSENT

Representative Zack Fields

OTHER LEGISLATORS PRESENT

Representative Andy Josephson

COMMITTEE CALENDAR

OVERVIEW: COVID-19 UPDATE

- HEARD

PREVIOUS COMMITTEE ACTION

No previous action to record

WITNESS REGISTER

ANNE ZINK, MD, Chief Medical Officer
Division of Public Health
Department of Health and Social Services (DHSS)
Anchorage, Alaska
POSITION STATEMENT: Co-provided a PowerPoint presentation titled, "COVID-19 Update", dated 9/2/21.

HEIDI HEDBERG, Director
Division of Public Health
Department of Health and Social Services (DHSS)

Juneau, Alaska
POSITION STATEMENT: Co-provided a PowerPoint presentation titled, "COVID-19 Update", dated 9/2/21.

ADAM CRUM, Commissioner
Department of Health and Social Services (DHSS)
Anchorage, Alaska
POSITION STATEMENT: Spoke during the PowerPoint presentation titled, "COVID-19 Update", dated 9/2/21.

JOSEPH MCLAUGHLIN, MD, Epidemiologist, Chief
Section of Epidemiology
Division of Public Health
Department of Health and Social Services (DHSS)
Anchorage, Alaska
POSITION STATEMENT: Co-provided a PowerPoint presentation titled, "COVID-19 Update", dated 9/2/21.

COLEMAN CUTCHINS, PharmD, BCPS, State Pharmacist
Office of Substance Misuse and Addiction Prevention
Division of Public Health
Department of Health and Social Services (DHSS)
Anchorage, Alaska
POSITION STATEMENT: Co-provided a PowerPoint presentation titled, "COVID-19 Update", dated 9/2/21.

MATTHEW BOBO, Immunization Program Manager
Section of Epidemiology
Division of Public Health
Department of Health and Social Services (DHSS)
Anchorage, Alaska
POSITION STATEMENT: Co-provided a PowerPoint presentation titled, "COVID-19 Update", dated 9/2/21.

GENE WISEMAN, Section Chief
Rural and Community Health Systems Bureau
Office of Emergency Medical Services
Division of Public Health
Department of Health and Social Services (DHSS)
Anchorage, Alaska
POSITION STATEMENT: Co-provided a PowerPoint presentation titled, "COVID-19 Update", dated 9/2/21.

MICHAEL SAVITT, MD, Chief Medical Officer
Anchorage Health Department
Anchorage, Alaska

POSITION STATEMENT: Provided invited testimony on the current status of COVID-19 in Anchorage.

JARED KOSIN, President and CEO
Alaska State Hospital and Nursing Home Association (ASHNHA)
Anchorage, Alaska
POSITION STATEMENT: Provided invited testimony on the current status of COVID-19 in Alaska.

PRESTON SIMMONS, Chief Executive Officer
Providence Alaska Medical Center
Anchorage, Alaska
POSITION STATEMENT: Provided invited testimony on the current status of COVID-19 at his hospital.

ELLEN HODGES, MD, Chief of Staff
Yukon-Kuskokwim Health Corporation (YKHC)
Bethel, Alaska
POSITION STATEMENT: Provided invited testimony on the current status of COVID-19 in rural Alaska.

DAVID WALLACE, Chief Executive Officer
Mat-Su Regional Medical Center
Palmer, Alaska
POSITION STATEMENT: Provided invited testimony on the current status of COVID-19 at his facility.

ROBERT ONDERS, MD, Administrator
Alaska Native Medical Center
Alaska Native Tribal Health Consortium
Anchorage, Alaska
POSITION STATEMENT: Provided invited testimony on the current status of COVID-19 at his facility.

ACTION NARRATIVE

3:05:25 PM

CO-CHAIR LIZ SNYDER called the House Health and Social Services Standing Committee meeting to order at 3:05 p.m. Representatives Prax (via teleconference), McCarty, Spohnholz, Zulkosky, and Snyder were present at the call to order. Representative Kurka (via teleconference) arrived as the meeting was in progress.

OVERVIEW: COVID-19 Update

3:06:16 PM

CO-CHAIR SNYDER announced that the only order of business would be a COVID-19 update.

CO-CHAIR SNYDER reported that the COVID-19 Delta variant is now causing spikes in cases and deaths, and that this week Alaska tied its record for the most patients hospitalized with COVID-19. She further reported that Alaska's hospitals are at or near capacity. She invited Dr. Anne Zink to begin the presentation.

3:10:41 PM

ANNE ZINK, MD, Chief Medical Officer, Division of Public Health, Department of Health and Social Services (DHSS), co-provided a PowerPoint presentation titled, "COVID-19 Update", dated 9/2/21. She displayed the first slide and related that over 99 percent of the COVID-19 cases in Alaska are the Delta variant, which is spreading quickly across the state. She said an increasing number of cases is being seen, along with an increasing strain on hospital capacity. Early on with COVID-19, Alaskans collectively worked together, which saved lives and reduced the number of COVID-19 cases and hospitalizations, and DHSS hopes to continue working together for this current surge.

3:11:52 PM

HEIDI HEDBERG, Director, Division of Public Health, Department of Health and Social Services (DHSS), co-provided the PowerPoint presentation titled, "COVID-19 Update", dated 9/2/21. She proceeded to slide 2, "Continuing COVID-19 Response", and said DHSS has been meeting weekly with tribal health organizations organized by the Alaska Native Health board and the [Alaska State Hospital and Nursing Home Association (ASHNHA) has another meeting with all its hospital members. Additionally, DHSS is conversing daily with hospitals and clinicians, and as issues are identified DHSS is quickly finding solutions to respond to those issues so that support can be provided to Alaskans, patients, providers, and the state system. The public health order, HB 76, is allowing DHSS to use additional flexibilities. The department's focus is prevention and supporting the state's hospitals during this surge.

MS. HEDBERG related that this morning the Alaska Chamber of Commerce launched "Give AK a Shot", a strategy focused on motivating the unvaccinated to become vaccinated. She explained

that it is a weekly drawing for eight weeks with an option for those who are currently vaccinated to enter their name if they so choose, and that over 3,000 people have already entered their name into the sweepstakes.

3:13:50 PM

ADAM CRUM, Commissioner, Department of Health and Social Services (DHSS), announced that earlier today Governor Dunleavy changed the call of the special session by reintroducing the Nurse Licensure Compact, which had been previously introduced under SB 67 and HB 83, as well as a new bill [SB 3006] which is in direct response towards the COVID-19 response in working with the Alaska State Hospital & Nursing Home Association (ASHNHA) [now called the Alaska Hospital & Healthcare Association (AHHA)]. This new bill includes items about telemedicine, telehealth, prior authorizations, and background checks, and is a tool that will enhance the state's response to open health care capacity. Internally, the commissioner's public health emergency powers or authorities under HB 76 have been used to waive background checks for ASHNHA facilities personnel, including non-healthcare providers like cooks and environmental services personnel.

3:15:42 PM

JOSEPH MCLAUGHLIN, MD, Epidemiologist, Chief, Section of Epidemiology, Division of Public Health, Department of Health and Social Services (DHSS), co-provided the PowerPoint presentation titled, "COVID-19 Update", dated 9/2/21. He briefly displayed slide 3 and then moved to slide 4, "COVID-19 Statewide Dashboard, Sept. 1, 2021". He reported that every region in Alaska is currently at the high alert level, with a rate of 504.7 cases per 100,000 people. A high alert level is reached when the rate is greater than 100 cases per 100,000 people on average over the past seven days. Over 85,000 cases have been reported to the Section of Epidemiology since the pandemic's start, and during the last week the number of cases has increased by 13 percent. The number of hospitalizations since the pandemic's start is just over 2,000 and 435 residents have died.

DR. MCLAUGHLIN turned to slide 5, "COVID-19 Cases by Onset Date, Statewide, March 2020 – August 31, 2021". He said the graph depicts the epidemic curve in Alaska, with the increase since July [2021] mirroring what is happening on the national level.

DR. MCLAUGHLIN addressed slide 6, "COVID-19 Variants of Concern in Alaska, Weekly COVID Genomics Surveillance Report - Sept. 1, 2021". He related that this recent surge is being driven primarily by the Delta variant, and that, nationally, according to the federal government, 99 percent of all sequenced cases have been positive for the Delta strain.

DR. MCLAUGHLIN spoke to slide 7, "Alaska Vaccine Breakthrough Cases, Vaccinated vs. Unvaccinated Cases and Hospitalization". He said this slide illustrates the changing epidemiology of vaccine breakthrough cases in Alaska. The top figure shows that from January-July 2021, 10 percent of the cases and 8 percent of the hospitalizations were fully vaccinated people, and 90 percent of the cases and 92 percent of the hospitalizations were unvaccinated. For the month of July 2021, 30 percent of the cases and 20 percent of the hospitalizations were fully vaccinated people, and 70 percent of the cases and 80 percent of the hospitalizations were unvaccinated. First among multiple reasons for the breakthrough vaccination rate is that the Delta strain is much more transmissible than prior strains. Second is that the Delta strain evades prior immunity better than other strains of virus.

DR. MCLAUGHLIN displayed slide 8, "Hospitalization By Vaccination Status". He pointed out that from January-June 2021 the risk of hospitalization increased 16-fold among people who were not vaccinated as compared to those who were fully vaccinated. In July 2021 the increased risk was 7.5-fold.

3:19:55 PM

COLEMAN CUTCHINS, PharmD, BCPS, State Pharmacist, Office of Substance Misuse and Addiction Prevention, Division of Public Health, Department of Health and Social Services (DHSS), co-provided the PowerPoint presentation titled, "COVID-19 Update", dated 9/2/21. He briefly showed slide 9 and then proceeded to slide 10, "Alaska's Testing Update". He said Alaska is one of the most tested states and is doing well in relation to other states, although certain things are getting stressed. For example, there are longer lines in Anchorage, Kenai, the Matanuska-Susitna Valley, and Fairbanks. The turnaround time for results is 24-72 hours, which is good compared to other states that have turnaround times of 5-10 days. A year ago, Alaska's two public health labs were handling the bulk of the processing, but today two commercial labs and three hospitals in Alaska are handling processing, so Alaska's capacity for lab testing remains quite high. [The state warehouse] continues to

supply rapid molecular tests by Cue Health and ID NOW, and rapid antigen tests by [BinaxNOW], and is actively trying to acquire more. A new group of tests are also being looked at that can be done in the home; they have some limitations but offer a lot of benefit for certain things. The state is continuing to offer airport testing for as long as it can.

DR. CUTCHINS proceeded to slide 11, "Rapid Antigen Testing by YKHC". He stated that in outbreak response the Yukon-Kuskokwim Health Corporation (YKHC) took the lead in using rapid antigen testing and was able to get ahead of the outbreaks. This was the first good data, and it was published in a Centers for Disease Control and Prevention (CDC) Morbidity and Mortality Weekly Report (MMWR), a high impact national publication. He noted that the downward slope on the graph began once YKHC started using these tests, then another decrease occurred once the vaccine became available, and yet another decrease occurred when the vaccine became widely available.

DR. CUTCHINS moved to slide 12, "Diverse Testing Partners + Locations". He reported that DHSS has worked with schools, university sports teams, fishing boats, fishing industry processors, [television] reality show production sites, the Iditarod Sled Dog Race, churches, remote lodges, and the tourism industry by supporting their testing and offering them support from clinical considerations to testing supplies.

3:23:25 PM

DR. CUTCHINS discussed slide 13, "Disease Progression + Treatment". He specified that the graph, which looks at the phases of how COVID-19 progresses, is based on the evidence that is known and the treatment options available that evidence and guidelines support. He said the prevention phase consists of mitigation not medication, given there aren't good treatment options for most viruses and the body is the best at eliminating these type things. Vaccine is the best option because it is 90 percent effective at preventing severe disease. Monoclonal antibodies are a synthetic antibody given by IV infusion or subcutaneous injections and can be preventative in infection if given at a specific time in a specific person and are the only treatment option for patients not admitted to the hospital. The earlier monoclonal antibodies are given in the infection the better, which is why people are encouraged to test. If given early before patients start to get very sick, they are 70 percent effective in reducing the patient's risk for severe disease. Once hospitalized the treatment options are systemic

steroids, but vaccine and monoclonal antibodies are the best tools for preventing people from getting severely sick.

DR. CUTCHINS proceeded to slide 14, "Monoclonal Antibodies". He noted that [DHSS] changed its vaccine call line to a monoclonal antibody call line to help people get access to these drugs. He said DHSS is working with health care providers and the federal government is still supplying most of these drugs for free.

3:26:38 PM

MATTHEW BOBO, Immunization Program Manager, Section of Epidemiology, Division of Public Health, Department of Health and Social Services (DHSS), co-provided the PowerPoint presentation titled, "COVID-19 Update", dated 9/2/21. He briefly displayed slide 15, then moved to slide 16, "COVID-19 Vaccine Summary Dashboard, September 1, 2021". He reported that as of 9/1/21, 60.9 percent of residents 12 years and older have received one dose of vaccine and 55.1 percent are fully vaccinated. He further reported that 16,749 vaccine doses were administered between 8/18/21 and 8/31/21, a 43.6 percent increase compared to the week of 7/21/22 through 8/3/21.

MR. BOBO next reviewed the list on slide 17, "COVID Vaccine Rates by Age Group, August 31, 2021". He noted that residents with one dose are broken out on the list by [age group] within each borough census area. Overall, for 12 years and older the coverage rate is 60.7 percent, for 65 years and older the coverage rate is 76 percent, and for all ages the coverage rate is 50.6 percent.

3:28:18 PM

MR. BOBO spoke from slide 18, "Additional Dose for Immunocompromised People", which read [original punctuation provided]:

- CDC's Advisory Committee on Immunization Practices (ACIP) recently recommended that people whose immune systems are moderately to severely compromised receive an additional dose of mRNA COVID-19 vaccine at least four weeks after an initial two-dose mRNA series.

- CDC's recommendation includes people with a range of conditions, such as recipients of organ or stem cell transplants, people with advanced or untreated HIV infection, active recipients of treatment for cancer,

people who are taking some medications that weaken the immune system, and others.

- Vaccine providers should administer vaccine in accordance with the updated emergency use authorization (EUA) per the COVID-19 vaccine provider agreement.

MR. BOBO paraphrased from slide 19, "Pending Booster Doses", which read [original punctuation provided]:

- COVID-19 vaccines continue to be highly effective in reducing risk of severe disease, hospitalization, and death, even against the widely circulating delta variant.

- However, we are seeing a decrease in vaccine effectiveness against infection.

- Nearly all the cases of severe disease, hospitalization, and death continue to occur among those not yet vaccinated at all.

- [Health and Human Services] HHS has developed a plan to begin offering these booster shots this fall subject to FDA [Food and Drug Administration] authorization and CDC's Advisory Committee on Immunization Practices (ACIP) issuing booster dose recommendations based on a thorough review of the evidence.

3:30:14 PM

GENE WISEMAN, Section Chief, Rural and Community Health Systems Bureau, Division of Public Health, Office of Emergency Medical Services, Department of Health and Social Services (DHSS), co-provided the PowerPoint presentation titled, "COVID-19 Update", dated 9/2/21. He briefly showed slide 20, and then continued to slide 21, "COVID-19 Hospitalizations Dashboard, Sept. 1, 2021". He drew attention to the graph at the bottom of the slide and noted that the curve for the number of confirmed COVID hospital beds occupied in 2021 is similar to November and December 2020. Currently, 164 people are hospitalized and 16.9 percent of total hospitalizations are COVID patients.

MR. WISEMAN moved to the graph on slide 22, "Alaska COVID 19 Hospital Admissions By Age". He specified that the graph demonstrates admissions by age group and the mean age has changed. In October, November, and December 2020 the age group of 60-69 years was the mean age for the most admissions, but currently 50-59 years is the mean age group. He pointed out that the pediatrics age group is also increasing.

MR. WISEMAN discussed slide 23, "Covid-19 Update on Hospital Capacity". He stated that there are other differences from last year's surge, one being that Alaska is currently experiencing an exhausted workforce from 18 months of this pandemic and staffing shortages. He said it isn't uncommon for Alaska's hospitals to have traveling nurses as a part of their augmentation for staff year to year, but this year those professions are not there due to a nationwide or global shortage for those professions. On top of that, summers are the busy season and Alaska's hospitals are still treating heart attacks, strokes, and traumas, resulting in a bottleneck that decreases access to specialty care and urgent care, and making it difficult to find beds throughout the state for placing patients where they need to be.

3:33:25 PM

MR. WISEMAN addressed slide 24, "Supporting Alaska's Health Care System". He related that DHSS meets regularly with its ASHNHA hospital partners to work through the problems and issues. He said steps have been taken to expedite license and background checks for providers. The department is working with emergency medical services (EMS) partners on ways to decompress the hospital through avoiding potentially unnecessary transports to the emergency room (ER), or by supporting early discharge which is done through [Centers for Medicare and Medicaid] 1135 waivers. The department has partnered with the [US General Services Administration (GSA)] and Region 10, which has established four contractors to specifically provide staff to the region's four states of Oregon, Idaho, Washington, and Alaska, and for which there is currently a deficit of about 500 medical workers.

MR. WISEMAN spoke to slide 25, "Hospital Situational Awareness". He said the dashboard shown on the slide was established in 2020 and is currently based on hospitals with intensive care units (ICUs). He explained that the dashboard is used for load leveling between hospitals and is in the process of being expanded to include all hospitals. A morning situational brief is going to be started where each hospital will talk about its

capacity so patients can be sent to those hospitals that can give them the care they need.

3:36:56 PM

DR. ZINK briefly displayed slide 26, "The Next Few Months", then proceeded to slide 27, "Supporting Alaskans". She highlighted that DHSS is continuing to support Alaska's public schools and health care workers. She emphasized that children learn best in school, so DHSS has an ongoing school health and safety team that works with schools to help each district with what makes sense to keep their schools open and safe and the protocols that may be used; DHSS also supports them with testing, supplies, and resources. To support schools to stay in-person and help kids be healthy and resilient, DHSS regularly holds [a videoconference called Extension for the Community Healthcare Outcomes (ECHO)]. The department continues to hold a parents' night to help parents with difficult decisions and to get their kids in school. The department continues to support the public via a weekly ECHO every Wednesday where the team is online to take questions. The department further supports a variety of healthcare providers with popup ECHOs to support them in better understanding how COVID-19 is affecting kids and to collectively work together in moving forward.

MS. HEDBERG closed the presentation with slide 28, "We can do this, Alaska!" She underscored that this is about partnerships and that DHSS works with communities, hospitals, and clinicians every day seven days a week.

3:40:42 PM

CO-CHAIR ZULKOSKY, in relation to epidemiology, requested that someone speak to the curve in Alaska about where the state is in terms of case rates, hospitalization trajectories, and peaking.

DR. MCLAUGHLIN replied that Alaska is still in an increasing trajectory with a 13 percent increase from last week. Nationally, the week-to-week increase in cases is slowing down with the last report being a 3 percent increase in cases, which could be an indication that things are starting to level off potentially in the US. Something learned early on with COVID-19 is that it is difficult to predict the future. In other countries, such as the United Kingdom (UK), the trajectory recently had a sharp rise that peaked, then it fell, and then it started to rise again. In general, this pattern seems to go over a period of two to three months in other countries, but at

this time it cannot be said whether that will occur in the US and Alaska.

DR. ZINK added that when the world and the US surge, Alaska tends to surge as well. She noted that the vaccination rate in rural communities is better in general than in communities along the road system, and that increased access to rapid testing is even more important with the Delta variant than before. She predicted that Alaska would see a series of outbreaks on top of each other for some time before it comes down.

3:44:32 PM

CO-CHAIR ZULKOSKY shared her understanding that several hospitals statewide are working with the state to centralize ICU transfer requests. She inquired about the status of making this effort happen and whether it is included on slide 25.

MR. WISEMAN responded that slide 25 represents a component of that. He said DHSS has been working with the hospitals to bring a mechanism together for that visual aspect of load leveling and moving ICU patients appropriately. Transfers and transports are different now than what was normally seen in the past; for example, a critical patient was moved from Bethel to the ICU at Fairbanks Memorial Hospital rather than to Alaska Native Medical Center (ANMC) where that patient would normally have gone.

3:46:11 PM

CO-CHAIR ZULKOSKY recalled that early in the pandemic DHSS was reporting ICU capacity in terms of bed availability, but providers pointed out that ICU capacity was based on the [availability of] expert staff rather than number of beds. She asked whether staffing capacity, not just bed capacity, is layered into this new reporting.

DR. ZINK answered that it has to some degree. One set of numbers, she explained, looks at the population as a whole and considers the chance/risk of someone getting COVID-19 and being hospitalized. However, she continued, several things must be considered when the team is thinking about capacity, need for care, and how much the state's hospitals take on. The available beds reported by hospitals are their available staffed beds. She pointed out that the number displayed on the dashboard is the number of hospitalized people who are actively infectious with COVID-19 that the hospital is reporting to the US Department of Health and Human Services (HHS), and which DHSS

then sees. Not reflected in the overall dashboard numbers, but still a continued burden on the hospital, is the number of patients requiring hospital stays of 1-2 months and who are no longer infectious beyond their first 10-15 days. Also not necessarily reflected in the dashboard are patients infectious with COVID-19 who start to recover but then must be treated for a complication such as a pulmonary embolism or myocardial infarction, which occur at higher rates in people with COVID-19. Further, there is a pivot point in the first five to seven days of either people do much better or they do much worse and are hospitalized for a very long time. So, Dr. Zink advised, the dashboard doesn't represent the overall burden on hospitals; numerous points need to be considered when looking at hospital capacity and the impact of COVID-19 on the hospitals.

3:48:57 PM

REPRESENTATIVE SPOHNHOLZ asked whether the governor or the commissioner considered utilizing the public health emergency disaster declaration to cut through the red tape and speed up the implementation of some of the licensing suspending elements to make it easier for telehealth and to eliminate the background checks requirement without needing to pass legislation.

MR. CRUM replied that these are specific items that were laid out by ASHNHA in conversation and in writing. He said the disaster declaration is so overly broad that it would still require legislative action to go beyond 30 days. Fine tuning and tools are being looked at to deal with the large spikes that seem to be occurring every six to seven months. These very specific items need to be moved forward, and since legislative action is going to be required anyway it was thought that this narrow aspect was the best way to move that forward.

REPRESENTATIVE SPOHNHOLZ recalled that the Nurse Licensure Compact wasn't well-received in the House when it was introduced earlier. She said it focuses only on nurses and not any other healthcare professionals, and she is concerned that it is too narrow and does not respond to ASHNHA's request for a much broader public health emergency disaster.

3:51:50 PM

REPRESENTATIVE SPOHNHOLZ asked whether at-home testing is as reliable and of the same standard as the rapid tests available through a healthcare provider.

DR. CUTCHINS responded that there is a wide variety of these tests, and some are appropriate for people who want to travel. He said the most important thing is for people to follow the test's directions and to reach out to their health care provider with any questions on the results. Overall, over-the-counter tests are very good at detecting positive, but the chance of a negative result being real is only 50-75 percent.

3:54:05 PM

REPRESENTATIVE SPOHNHOLZ drew attention to the hospital dashboard and remarked that it is alarming to see so many hospitals at capacity. She noted, however, that Joint Base Elmendorf-Richardson (JBER) Hospital appears to still have capacity and asked whether people could be sent there rather than to Washington state.

MS. HEDBERG answered that DHSS continues to encourage all the hospitals to update the divert page, which is what is being referenced. But, she explained, not all hospitals update that page on a timely fashion and that is being worked on. Hospitals are asking patients if they have [US Department of Veterans Affairs (VA)] benefits and, if they do, whether they can be transported to Fort Lehi or to the 673d Medical Group Hospital. She advised that she therefore doesn't think it reflects bed availability at the JBER hospital.

REPRESENTATIVE SPOHNHOLZ asked whether Ms. Hedberg is suggesting that there is a higher utilization than what is reflected in the dashboard.

MS. HEDBERG confirmed that JBER's hospital status is not accurately reflected but that the hospital does have patients.

3:56:21 PM

REPRESENTATIVE MCCARTY inquired whether the dashboard variance is a standard deviation variance of days or weeks or a lack of reporting.

DR. ZINK replied that it is a combination of lack of reporting results and the dashboard not being regularly updated. She noted that the Anchorage Fire Department has a diversion website so Anchorage hospitals can see who is full. She emphasized that if [the dashboard] shows an emergency department is closed, it doesn't mean that that department isn't delivering care as they are still open to walk-ins and will treat people with a medical

emergency. She explained that this was initially made for the Anchorage area EMS to be able to round-robin. The department then stepped in to add additional hospitals to provide better visibility of what was happening. Not all hospitals are used to the system, but they are getting more comfortable with it over time. The department is meeting with hospitals and transfer centers on a regular basis to have a better understanding of their capacity. Not every patient can go to every place, not every bed is equal. For example, no dialysis is available at JBER so a bed would not be available there for a patient who needs dialysis. Complex decision making is happening at a critical level for many of these patient transfers. The dashboard is a rough tool used internally to give hospitals a place to start calling other hospitals in the state.

MR. WISEMAN added that the dashboard is a capture in time and hospitals under stress are entering when they can. Typically, it is 24 hours, sometimes a couple days, but that is recognized and is why DHSS is also putting emphasis on working through a daily oral standup with each hospital, which will provide a situational picture within the state. While that will only be a piece of time when that briefing occurs, it should increase awareness.

4:00:20 PM

REPRESENTATIVE MCCARTY stated he would like a copy of slide 4 along with data that shows what has happened between July 1, 2021, and now. Regarding slide 7, he asked whether there are studies of what has happened with school starting and influenza and how that compares over the years to what is going on currently, i.e., whether this is an anomaly or a standard type thing? Relative to slide 10, he asked whether there have been studies on antigen longevity within people who are known to have had COVID-19. Relative to slide 13, he said some places are offering monoclonal antibodies and some are not. He asked whether regulation difficulties or accessibility are the reasons why outpatient clinics are not participating in this therapy.

DR. ZINK answered that DHSS does a monthly hospitalization and vaccine breakthrough report, but since it takes a while for those reports to come in the most recent report is for July [2021] data. A comparison is made to 2020 and she is happy to provide it. Addressing vaccine breakthrough, she explained that it is a matter of understanding timing because when looking at fully vaccinated individuals and those who get COVID-19, there

is not a perfect marker to understand whether someone exposed to COVID-19 had full protection against the virus.

4:04:18 PM

DR. ZINK continued her response and addressed the difference between antibodies and antigens. Antibodies are what the body makes in response to either natural infection or to vaccination. With vaccination, the body gets a signal that it needs to make antibodies and ideally a longer-term response to that pathogen. Because viruses replicate themselves by taking over the normal cellular structure, they are not very responsive to treatment, and as a result they are best prevented. The immune system is the best way to take viruses down and the best way to take them down is when the immune system knows how to do it efficiently. Vaccines teach the immune system to take down a virus as quickly as possible. Antibodies are the [immune system's] first response. There are different ones – IgG, IgM, IgA – and they last for different periods of time and are found in different parts of the body in general. Additional parts of the immune system are also important, including B cells and T cells which play a key role in natural infection as well as vaccine induced protection. Dr. Zinc further explained that there isn't a great test to say that someone previously had COVID and are they getting reinfected. According to national data, people who have previously had COVID-19 are 2.5 times more likely to get COVID-19 again with the Delta variant if they are not vaccinated. She said antigens are small molecules that are tested for to see if someone currently has a virus. Antigen testing looks for active infections, it is not looking for past infections which antibodies look at.

DR. ZINC continued further and addressed monoclonal antibodies. She explained that it can be challenging to the workflow of an infusion center or outpatient clinic - where there are immunocompromised or sick people - to bring in a COVID-positive patient. The health care system has been stretched for months now, but more providers are stepping into that space. Alaskans are encouraged to phone the DHSS call line for where they may be able to access monoclonal antibodies in their community.

4:08:23 PM

MICHAEL SAVITT, MD, Chief Medical Officer, Anchorage Health Department, provided invited testimony on the current status of COVID-19 in Anchorage. He said city of Anchorage is in a high-risk situation with a 7 percent positivity and 37,700 total

cases as of today. As of today, the total number of COVID-19 deaths is 215, and the number of new cases today is 251. The city's 14-day rate average is 64.8 per 100,000. The highest number of tests done across Anchorage is 1,900. Current hospitalizations today include 93 confirmed cases and 5 suspected. Vaccination rate for the first dose is 67.1 percent and the completed series is 59.3 percent, this includes the municipality and JBER totaled together. Right now, Anchorage has three staffed adult ICU beds available.

DR. SAVITT emphasized that this battle against COVID-19 is really against the Delta variant and that it is not just for the health care system to fight. He said the public must become fully engaged and partner with the health care system to defeat this virus. The health care system encourages vaccinations because that is the single best weapon against the Delta variant and COVID in general.

4:11:23 PM

DR. SAVITT encouraged the public to follow all the CDC's recommendations and to get early testing for COVID-19. He said anyone exposed or experiencing symptoms should be tested because the only way to make the diagnosis is with testing. Anyone testing positive should call their health care provider as quickly as possible to see what treatment is appropriate. If eligible for monoclonal antibody treatment, try to get it done as quickly as possible because the sooner the treatment the better it works.

DR. SAVITT stressed that monoclonal antibody therapy is not in place of vaccinations. If you are unvaccinated and have no natural immunity your chance of severe disease and hospitalization and death are much higher. Why put yourself, family, friends, and neighbors at greater risk? Get vaccinated and follow all the recommendations for proper use of masks, handwashing, physical distancing, and adequate ventilation. In addition to helping family, friends, and neighbors you are helping hospitals by decreasing the need to go to the hospital to begin with. Vaccines are safe and protective even if there is decreased effectiveness against Delta, they still reduce the severity of the disease and help to prevent death.

4:14:45 PM

CO-CHAIR SNYDER said she understands that the administration has no intention to require masking or reduction of gathering sizes

or social distancing. She asked whether there is a threshold where the administration would consider implementing orders to minimize the impacts that are being seen from the Delta variant.

DR. SAVITT deferred to the administration to provide an answer.

CO-CHAIR SNYDER asked whether Dr. Savitt, as Chief Medical Officer, has a sense of what that threshold should be.

DR. SAVITT answered, "We have made recommendations as to the necessity for the vaccinations for the CDC recommendations; going forward that would be up to the administration."

4:16:03 PM

REPRESENTATIVE MCCARTY pointed out that some people cannot get vaccinated due to medical reasons. He requested Dr. Savitt's suggestions for what these people can do to protect themselves.

DR. SAVITT replied that those who can't be vaccinated should be surrounded by family members and close contacts who have been vaccinated. Also, they should wash their hands, wear masks, do physical distancing, limit their circle of friends, and be in well-ventilated indoor spaces, and limit gatherings to people who are not sick or have been vaccinated.

4:17:35 PM

REPRESENTATIVE SPOHNHOLZ noted that while Anchorage has 40 percent of the state's population it has 60 percent of the hospitalizations. She asked whether this is because Anchorage is receiving folks from outside the municipality who need a level of care that cannot be gotten in other communities.

DR. SAVITT responded that the hospitals have a primary catchment area of Anchorage, but second and tertiary catchment areas could be from anywhere in the state. Many of the cases are from Anchorage, he said, but there has been the influx from outside of the municipality as well. Regarding ICU capacity, it is important to note that not every bed in the ICU is filled with a COVID patient, it is probably 30 percent COVID, which puts an additional strain on already near capacity hospitals. So, prevention is much more important than ever. Patients from all over the state are taken, but a further strain is that Washington state and Oregon, [Anchorage's] usual avenues for transfer, are also at capacity and have been unable to help with transfers to the extent that would be hoped.

4:19:54 PM

CO-CHAIR SNYDER opened invited testimony from the health care sector.

4:21:01 PM

JARED KOSIN, President and CEO, Alaska State Hospital and Nursing Home Association (ASHNHA), provided invited testimony on the current status of COVID-19. He offered his recognition to all the caregivers on the frontline and said this is and will be the single biggest health care crisis of their lifetimes. What these caregivers are witnessing, enduring, and returning to day-after-day is unbelievable and they are owed support, especially right now. He thanked Commissioner Crum and his health team, and ASHNHA's health team, who are all exhausted from trying to clear the way for facilities to respond.

MR. KOSIN explained that normally ASHNHA [now called the Alaska Hospital & Healthcare Association (AHHA)] is a policy and advocacy-based organization. But today ASHNHA is, and has been, functioning as an operational support team solely dedicated to getting resources to its facilities on the frontline. Yesterday 169 Alaskans were in the hospital with a COVID-19 diagnosis. Anchorage is full, units are closed, people are waiting in parking lots, and surgeries are being postponed. Outlier hospitals are full. Mat-Su Regional [Medical Center in Palmer] and Central Peninsula Hospital in Kenai are carrying 50 COVID patients. Nursing homes are closed to admission and have been for weeks due to severe staffing shortages. The situation is intense and nearing desperation, [ASHNHA's members] are on fire and need help.

MR. KOSIN related that yesterday ASHNHA sent a letter to the governor asking him to declare a disaster for Alaska's health care system. Since then, he said, his understanding that the special session call has been amended to include a set of health care relief bills. It is a crisis and ASHNHA's sole focus and interest is getting resources and support to its facilities and caregivers as fast as possible. It doesn't matter whether it's a disaster declaration or legislation or neither, all ASHNHA wants is support - now.

4:24:21 PM

PRESTON SIMMONS, Chief Executive Officer, Providence Alaska Medical Center, provided invited testimony on the current status of COVID-19 at his hospital. He said he echoes the comments of his colleagues and today's co-presenters. Alaskans continue to expect high quality care, but the state's health care safety net is strained and being tested like never before. Patients are coming to the hospital with more serious illnesses requiring higher level acuity care; these cases require a skilled medical team, including skilled nurses. Hospitals are consistently operating near or at capacity and available staffed beds are at a premium. Yesterday Providence had 30 patients holding in its emergency department, a record number. The waiting room was beyond its capacity to safely distance people, so people waited in their cars to be triaged. This is not the care that Alaskans deserve, and it has taken emotional and physical toll on the caregivers.

DR. SIMMONS said he was going to focus his remarks on some of the regulatory flexibilities and increased policy tools that are needed to continue battling this pandemic. However, he continued, he is instead going to a focus on caregivers and recognize Alaska's health care workers for their unbelievable strength and compassion. The mental and physical toll on health care workers will have lasting impacts. There is concern about the ongoing stress and demands placed on caregivers, they are tired and burned out. A day doesn't go by without several headlines and op-eds from caregivers begging for relief with none in sight. Many are called to work in this field by a desire to help people who are sick and care for the vulnerable. Wave after wave of COVID-19 has been faced. Caregivers are retiring and leaving health care at record rates. Retirement rates at Providence Alaska Medical Center are more than 19 percent higher than they were a year ago. Vacancy rates for all positions across Providence are more than double the target. Providence has record job postings that are hiring at record levels, yet Providence is struggling to keep up with attrition even while implementing targeted bonuses and other incentives.

4:27:17 PM

DR. SIMMONS stated that there are things that can provide relief. Good public health measures save lives, he pointed out. Masking, social distancing, washing hands, and vaccines are effective. Alaskans need to wear masks indoors and he supports any statewide measures that result in increased use of masks, which provide a layer of protection for Alaska's communities, families, and workforce. Everyone hopes that relief is on the

horizon, especially as more Alaskans receive the vaccine. However, he stressed, hope is not a strategy and there remains opportunity. There are the ongoing partnerships with the state and the suite of tools announced by Commissioner Crum today. This ongoing dialogue and collaboration are critical to the ability to care for Alaskans and working together must continue. To continue adapting to the changing environment, lessons learned along the way can be used as a road map towards a more effective and efficient process. The disaster declaration, SB 241, and the additional flexibilities provided through executive action can provide a roadmap towards more permanent modernization for Alaska's health care environment. This package of regulatory waivers and relief has allowed hospitals to implement strategies to help flatten the curve and provide more efficient care. Providence quickly ramped up full telehealth programs, including home monitoring, and professional licensing flexibilities brought caregivers to the bedside as quickly as possible. These efforts have proven to be safe, effective, efficient, and popular with patients and clinicians. Providence pledges its partnership efforts to make some of these measures a permanent part of the health care in Alaska.

DR. SIMMONS addressed the Nurse Licensure Compact [indisc. – audio interruption]. He said the current process discourages caregivers from working in Alaska and is driving away Alaskans, especially newer graduates. [The Nurse Licensure Compact] may not provide immediate relief but can be a powerful long-term tool. Every option available is needed to hire Alaskans and attract the nation's health care workers to the state. He said he looks forward to continuing these conversations.

4:30:32 PM

ELLEN HODGES, MD, Chief of Staff, Yukon-Kuskokwim Health Corporation (YKHC), provided invited testimony on the current status of COVID-19 in rural Alaska. She stated she is a practicing family medicine physician and has served this region for 17 years. She noted that YKHC is a tribal health facility that provides health care to a region of about 28,000 primarily Alaska Native residents from 56 tribes in 46 villages. Over the past month, the region has seen a dramatic increase in the number of COVID-19 cases with subsequent increases in hospitalizations and deaths. These rates are being driven by the Delta variant and are occurring in the region's unvaccinated population. She said situation is dire - 50 percent of the region's current active cases are in children under the age of

12 who are ineligible for vaccination and 60 percent of the region's active cases are in children under the age of 18.

DR. HODGES related the recent story of a patient in the region who was desperately ill, not with COVID, but with another serious illness. Upon arrival by air medivac at YKHC's hospital in Bethel it became immediately apparent that this person needed intensive care treatment not available at the YKHC hospital. Using the dashboard, the physician reached out to every hospital in Alaska, all the while providing ongoing care at the bedside of this desperately ill person who was deteriorating as precious time went by. Hours later a bed was secured, and the patient left the YKHC facility. Dr. Hodges urged committee members to put themselves in the shoes of this patient, his family, and the doctor as time ticked by.

DR. HODGES discussed how everyone is connected in Alaska. She pointed out that choices made by each person affect the care that others are able to access. The choice of an unvaccinated person to go maskless in a crowded venue causes a person in a village hundreds of miles away to go without the resources needed to simply survive regardless of that person making the choice to get vaccinated and wear a mask. A mask and vaccination against COVID do not protect a person against strokes, heart attacks, sepsis, traumatic injuries, or any of the other reasons a person might need an intensive care unit bed. No one is safe until everyone is safe.

DR. HODGES stressed that immediate action must be taken to protect the lives of Alaskans. She said Alaskans should be able to rely on their leaders in government to fully support and tirelessly promote each of the following evidence-based measures: 1) All eligible persons need to be vaccinated against COVID-19; there should be no equivocation on this matter; the vaccines are safe and effective; the way to end this seemingly endless pandemic is through vaccination. 2) All persons over the age of two need to be masked in all public settings; there should be no equivocation on this; it is a safe and cost-effective method of preventing the transmission of the virus, as shown by multiple studies; all politics must be taken out of that discussion immediately; if this commonsense measure was universally applied it would dramatically decrease the transmission of disease. 3) Telehealth needs to be widely available, and all measures need to be taken to ensure this highly valuable tool is available to all Alaskans without any barriers; this is especially true for behavioral health clients who have fared poorly in pandemic society. Dr. Hodges concluded

by urging legislators to do everything in their power to reduce the transmission of COVID-19 in Alaska because the lives of everyone depend on everything legislators do.

4:35:50 PM

DAVID WALLACE, Chief Executive Officer, Mat-Su Regional Medical Center, provided invited testimony on the current status of COVID-19 at his facility. He expressed his appreciation for the teamwork between the government entities and his heath care colleagues represented at this presentation. He stated that the burnout being felt is not just a little burnout. The paradox is the high levels of COVID-19 hitting the system and staying in the system for a long time, plus the highest need for other services simultaneously, which is a very difficult landscape to navigate. Concern started to get high at Mat-Su Regional when it was one of the last hospitals with ICU capacity to fill up that capacity because it meant that a patient in an outlying community with no ICU or ventilator was being bagged indefinitely while a transfer was being sorted out. Mat-Su Regional, at 125 beds, has an ICU and the same level of intensivists available at Providence, although Providence has quite a bit more subspecialties. Mat-Su Regional has the same intensivist group, so the same high-quality physicians and an outstanding staff, and wants to help anybody it can.

MR. WALLACE reported that two weeks ago Mat-Su Regional had unprecedented transfers in and reached full capacity, with patients received from Homer, Ketchikan, Barrow, and Cordova. However, with the nature of this pandemic, beds then opened as some of those patients got better and some expired. He explained that receiving transfers puts Mat-Su Regional at a position of making decisions on how long that can be done. With all respect to the capacity dashboards that use the numbers of ICU beds available, Mat-Su Regional is in disaster mode. Because the hospital is in the situation of not wanting to close or not accepting the next patient, a step-down unit has been made available on the second floor for those patients that are just under ICU status. They are moved to the second floor if we are at full capacity in our ICU.

4:40:34 PM

MR. WALLACE related that he rounds on the hospital's departments to see how they are doing. He recounted that several months ago a ward clerk in ICU told him that every nurse in the ward was going to counseling of one kind or another. When an ICU nurse

with critical care training and 20 years of experience says, "Last week was the worst week in my entire career, I didn't know what was going to happen but I just wanted to make it through the week" because she is watching the desperation on the faces of patients that are far too young to be dying from a disease that could be prevented by immunization, and when looking at the faces of nurses who are ready to throw up their hands and walk away, [administrators] find themselves begging this staff to please come back for the next shift because [the hospital] is stretched so thin. Staffing is in a grim situation. When the ER director says, "I cry on the way to work and I cry on the way home and I try and hold it together the rest of the day," one knows that things are at an unprecedented level of stress.

MR. WALLACE pointed out that this disaster is now a year and a half old and now at its very worst state but ironically no one seems to want to talk about it anymore let alone recognize that the hospital safety net is starting to fray and very close to breaking. He implored the governor's office, the committee, and DHSS to work together to help provide resources that should not be a part of politics at this time. Working together is how things get done and a difference is made, and the list of things provided in the presentation are a good start.

4:44:22 PM

ROBERT ONDERS, MD, Administrator, Alaska Native Medical Center, Alaska Native Tribal Health Consortium, provided invited testimony on the current status of COVID-19 at his facility. He related that there is a general feeling of the staff at his hospital that the public and governmental entities are not recognizing how strained the system is, combined with the emotional and physical toll that this has taken. In the fall, direct actions were taken related to mitigation measures that helped decrease the case counts; right now, immediate governmental interventions are needed to decrease the case counts. The current COVID surge is impacting his organization and everywhere. The long road out is vaccination, but short-term relief is needed and needed now. Things are much worse off than [last] fall, both from a combination of all the hospitals feeling this stress and the long standing emotional and physical toll. [Alaska Native Medical Center] is not doing well, and the general perception is that no action is being taken.

4:47:05 PM

CO-CHAIR ZULKOSKY expressed her recognition of the very sobering testimony heard by the committee. She asked Mr. Kosin whether the temporary 30-day disaster declarations issued by the governor in November-January would give Alaska's hospital system all the tools that would be needed now.

MR. KOSIN answered yes, it got resources fast. It allowed for reciprocal licensing, people could come in quicker and easier, and it had telehealth.

4:48:22 PM

REPRESENTATIVE SPOHNHOLZ stated that the tenor of today's testimony was heartbreaking, and the committee wants to do what it can to provide support quickly. She said it sounds like the emergency disaster declaration allowed all the flexibilities that were very useful for hospitals and health care organizations to be able to recruit people and get access to out-of-state resources, including technical expertise and consultation. She asked whether there is anything else that would urgently make a significant difference right now.

MR. KOSIN responded that right now the time is now. Another second should not be wasted in getting resources to [facilities] as fast as possible. A disaster declaration is fast because it's immediate and he understands there is legislation in play. Whatever way this gets done, ASHNHA just wants it done as fast as possible. Regarding whether there is anything else, he said he commends the commissioner and his team for the expedited background check workaround that was created for facilities, and which is a huge help. Immediate impacts that would go a long way are anything around background checks, standing up an emergency and aid program, and telehealth. Everything else starts to get into the mid- and long-term stuff.

4:51:21 PM

REPRESENTATIVE MCCARTY, regarding the Nurse Licensure Compact, said he hears from health care professionals that boots are needed on the ground now so that people can be touched, but that they are not so plentiful. He said he also hears of not getting background checks done fast enough, so he is glad to hear the resolve for that. He asked what things are inhibiting the process and whether people in the health industry not wanting to get vaccinated is an element.

MR. KOSIN answered that what the commissioner did for background checks has been very impactful, and it is correct that what is needed is physical people and that is the challenge. He said the Nurse Licensure Compact is ASHNHA's top priority in normal times, has been for several years, and will be next year as workforce is focused on. However, it takes time to stand that up, so in ranking these it is the smaller levels around background checks, trying to get CNAs here, and telehealth. [The association] wants everybody vaccinated. Masking indoors needs to be done, so ASHNHA is completely behind that. "The world is breaking before our eyes and we're asking for anything you can do," he added.

4:54:20 PM

CO-CHAIR SNYDER stated that one benefit of the disaster declaration is the streamlining of professional and occupational licensing, which has been offered up in a separate piece of legislation that may or may not be necessary. For much of this time, she continued, the focus has been on the need to increase capacity to respond and what [health care providers] need from the state to make that happen. The other side of that coin is efforts to reduce the number of infections, which then reduces the pressure on health care providers. She asked what can be done from the state's side to reduce the number of infections and whether directives for mask wearing, social distancing, and gathering size be helpful at this point.

DR. ONDERS replied that as a tribal facility, the Alaska Native Medical Center can accept licenses from other states related to nursing staffing. He cautioned against thinking that this alone will provide an immediate solution because there is a limited number of traveling nurses. Since that solution is unlikely to be as robust as needed, the prevention of infection is even more critical than the hope of staffing coming in via a streamlined process. A key component of mitigating spread is public indoor masking, and this is needed. When this measure was previously in place in the Anchorage area, case counts rapidly went down.

4:57:24 PM

CO-CHAIR ZULKOSKY recalled it being said that Alaska is seeing a growth phase of cases and there is no guarantee it is peaking. She asked what this means for how health care delivery is provided to all patients, COVID or otherwise, in the coming weeks and how long before Alaska starts to see those impacts.

MR. SIMMONS responded that he would say [Alaska] is already starting into alternative provisions of care. He said the nursing to staffing ratio at Providence as well as many of the hospitals that are at capacity around the state are different than they normally would be. The system of care within Alaska is designed such that Anchorage is the referrable hub throughout the state for the quaternary and tertiary services. Capacity is backing up into the communities so right now communities are having to care for patients that they normally would not. As that continues to back up it will eventually start causing harm to patients. The normal channels in the system of care aren't there and it's going to get backed up, which is being seen in other states. Many hospitals in Washington state don't have the referral sources into typical tertiary and quaternary hubs and some of the smaller hospitals are seeing as much as 30-50 percent COVID populations. It will get worse before it gets better. The health care industry will do its best, but a change to ratios of nursing to patients will be seen, along with levels of having to care for patients beyond [staff's] typical scope of practice as [the pandemic] continues.

MR. SIMMONS continued his response. He recalled Dr. McLaughlin stating that Alaska will follow the pattern that was seen in the United Kingdom, India, and other areas. He said Alaska is likely to see this continue to escalate through probably the latter part of this month and then towards the end of October it will go back down. Alaska is far from seeing the peak of this yet. What helps in the immediate is just to quit the spread of the virus and the way to do that is through masking. He pointed out that children have a lower acuity when they get the disease but are good vectors for spreading. Last year when all the school districts were masking, Alaska had very little transmission within the school districts. But this year when school started up and some of the school districts didn't mask, there were massive numbers of infections right away, with 300 cases in the Mat-Su in the last week. There isn't outside help coming in, Alaska needs to immediately tamp down the spread to get through this.

5:03:00 PM

REPRESENTATIVE KURKA stated that this hearing feels politically manipulated. He stated that right now Israel is the world's most vaccinated country at 85 percent vaccinated. Conversely, some of the COVID-19 variants are running rampant in Israel and the hospitals are full of vaccinated patients who have

breakthrough COVID. He asked how that is reconciled with what has been heard today about those who are in hospitals.

DR. MCLAUGHLIN answered that the Delta variant is more than twice as transmissible as the original Wuhan strain of the severe acute respiratory syndrome corona virus 2 (SARS-CoV-2), so transmission of cases is occurring at a much faster rate across the globe. Regarding the proportion of cases that are vaccine breakthrough cases, he explained that the Delta variant has mutations that allow it to evade prior immunity better than other variants. That is part of why the vaccine efficacy is dropping from an original range of 90 percent prevention of cases to the currently much lower vaccine efficacy with Delta. It is still quite good in terms of vaccines in general. In terms of preventing SARS-CoV-2 infection it is probably a vaccine efficacy of 66 percent or higher against infection, which means quite a few vaccine breakthrough cases are being seen. The other factor is that as the proportion of the population becoming fully vaccinated increases, the number of vaccine breakthrough cases also increases. For example, if only 100 people in the whole population of Israel are vaccinated, probably 1-2 cases of vaccine breakthrough over a 2-month period would be seen. If 1000 people are vaccinated, more breakthrough cases would be seen. If 80 percent of the population is vaccinated, the proportion of cases that are vaccine breakthrough compared to non-vaccine breakthrough is really going to increase because the proportion of the population that is vaccinated increases. If 100 percent of the population is vaccinated, then 100 percent of the cases are going to be vaccine breakthrough cases. So, when looking at these numbers one must think through the proportions.

CO-CHAIR SNYDER stated that the primary focus of the hearing today is hospital capacity.

5:09:21 PM

REPRESENTATIVE PRAX related that people are still sending him questions about efficacy and side effects of the vaccine. He requested the DHSS phone number for people to call with their questions and for receiving answers.

MS. HEDBERG responded that the phone number is 907-646-3322. In further response, she said the website address is covid.alaska.gov.

5:11:36 PM

CO-CHAIR SNYDER summarized that what was heard today from the health care sector is that an increase in resources and flexibility [is needed] to increase the sector's response capability and to address the burnout being seen in the overburdened health care providers. Also needed are renewed efforts at reducing the number of infections to then in turn reduce the pressure on the health care sector. A variety of individuals from the health care sector testified today that they need relief immediately and they need the flexibility that was previously provided in the disaster declaration and that flexibility is needed now. She implored committee members and members of the administration to heed that call and take a close look at the quickest way to provide that relief.

5:12:32 PM

ADJOURNMENT

There being no further business before the committee, the House Health and Social Services Standing Committee meeting was adjourned at [5:12] p.m.